

Exhibit 4
to TIC's Motion for a Preliminary
Injunction
(FILED UNDER SEAL)



GENERAL CASUALTY CONTRACTORS SUPPLEMENTAL APPLICATION

Applicant Name: KIT Construction Services, Inc. Website? www.kitprofs.com

Mailing Address: 2000 W. Sam Houston Park S., Suite 1400 Location Address: 2000 W. Sam Houston Park S., Suite 1400
Houston, Texas 77042 Houston, Texas 77042

GENERAL INFORMATION

1. Applicant is a (% of each):

<input checked="" type="checkbox"/> General Contractor	_____ %	<input type="checkbox"/> Subcontractor	_____ %
<input type="checkbox"/> Developer	_____ %	<input type="checkbox"/> Const. Manager	_____ %
<input type="checkbox"/> Owner/Builder	_____ %	<input type="checkbox"/> Consultant	_____ %
2. Describe all operations in detail: _____
 General Contractor working with Industrial Clients.....mostly TOSHIBA

3. Years in business under this name: 6 Years
4. Years of experience in this field: 25 Years
 Mandatory- Attach Resumes When Available
5. States/area of operations: Texas
6. Contractor License Number: N/A Year license issued: N/A
7. Have you operated under any other name or names? ☒ No ☐ Yes
 If "Yes," provide prior name and describe type of operations: _____

8. Total number of employees (including leased) 2
9. % of construction operations (Total = 100% for each question 1 & 2):

New construction	<u>50</u> %	Remodeling	_____ %	Other	<u>50</u> %
Commercial	_____ %	Residential	_____ %		
10. Have you been involved as a General Contractor in the building of Residential Homes, Condominiums, Apartments, or Townhouses in the past 10 years? ☒ No ☐ Yes
 If "Yes," specify year(s), number(s) and location(s) : _____

CLASSIFICATION OF OPERATIONS (PAYROLL/SUB-COSTS)

11. Indicate payrolls/costs for each type of construction work performed:

Class	Employee Payroll	Sub-Contractor Costs	Class	Employee Payroll	Sub-Contractor Costs
Alarm Systems	\$	\$ 400,000	Painting	\$	\$ 150,000
Asbestos Removal	\$	\$	Paving – Driveways/Parking	\$	\$ 250,000
Blasting	\$	\$	Paperhanging	\$	\$
Bridges/Elevated Roads	\$	\$	Plastering/Stucco	\$	\$
Carpentry	\$	\$	Plumbing	\$	\$ 300,000
Communication Lines	\$	\$	Power Lines	\$	\$
Concrete	\$	\$ 1,000,000	Process Piping	\$	\$
Debris Removal	\$	\$	Roofing	\$	\$ 125,000
Demolition	\$	\$ 100,000	Seismic Retrofitting	\$	\$
Drywall	\$	\$ 250,000	Septic Tanks	\$	\$
Earthquake Repair	\$	\$	Sewer	\$	\$ 500,000
Electrical	\$	\$ 1,000,000	Sheet Metal Work	\$	\$
Excavation	\$	\$ 100,000	Siding	\$	\$
Fire Proofing	\$	\$	Sprinklers	\$	\$ 250,000
Fire/Damage Restoration	\$	\$	Steel/Ornamental	\$	\$
Gas/Water Mains	\$	\$ 150,000	Steel/Structural	\$	\$ 425,000
Grading	\$	\$ 200,000	Street/Road Construction	\$	\$ 150,000
HVAC	\$	\$ 1,500,000	Street/Road Paving	\$	\$ 200,000
Insulation	\$	\$ 100,000	Supervisory	\$	\$
Landscaping	\$	\$	Swimming Pools	\$	\$
Lead Remediation	\$	\$	Tile/Stone/Marble	\$	\$
Masonry	\$	\$	Waterproofing	\$	\$
Mold/Spore Remediation	\$	\$	Water Damage Restoration	\$	\$
Oil or Gas Fields	\$	\$	Other:	\$	\$ 350,000

12. Indicate any work or operations involving the following, even if subbed out:

- | | | |
|--|--|--|
| <input type="checkbox"/> Airport Facilities | <input type="checkbox"/> Equipment Rental to Others | <input type="checkbox"/> Stadium Construction |
| <input type="checkbox"/> Boring | <input type="checkbox"/> Landfills | <input type="checkbox"/> Stevedoring |
| <input type="checkbox"/> Boiler Inspection | <input type="checkbox"/> Nuclear | <input type="checkbox"/> Sub Aqueous |
| <input type="checkbox"/> Bldg – Raising or Moving | <input type="checkbox"/> Pile Driving | <input type="checkbox"/> Subways |
| <input type="checkbox"/> Cantilevered Construction | <input type="checkbox"/> Pipeline | <input type="checkbox"/> Tank Construction |
| <input type="checkbox"/> Cofferdam or Caisson Work | <input type="checkbox"/> Pollution Abatement | <input type="checkbox"/> Tower Construction |
| <input type="checkbox"/> Dams/Reservoirs | <input type="checkbox"/> Power Generating Facilities | <input type="checkbox"/> Tunnels |
| <input type="checkbox"/> Drilling | <input type="checkbox"/> Railway | <input type="checkbox"/> Waste & Reclamation |
| <input type="checkbox"/> EIFS or related work | <input type="checkbox"/> Shoring/Underpinning | <input type="checkbox"/> Wrap-Ups – Participation In |

If checked, please describe work in detail:

PROJECTS/OPERATIONS INFORMATION13. List all major projects completed within the past five years, including work in progress and planned projects (list project name, date, description, location, and cost) **OR** ☐ Attach a project list

Master Service Agreement with TOSHIBA and multiple project specific purchase orders.

What is the average dollar value of a completed project? \$5,000,000.00

14. Please describe any types of projects that you have discontinued (i.e. no longer build, etc): None

15. Are you building/have you built on hillsides, hilltops, landfills, in subsidence areas, or in flood zones? If "Yes," please explain: ☒ No ☐ Yes

16. Any work performed in the past using Exterior Insulation and Finish Systems (EIFS) If "Yes," please explain: ☒ No ☐ Yes

17. Has your work involved or will it involve systems that provide medical life support or medical gas lines? If "Yes," please explain: ☒ No ☐ Yes

18. Any exterior work performed above two stories in height from grade? ☒ No ☐ Yes
Maximum number of stories: _____ Percentage of Total Work: _____

19. Any work performed below grade? ☐ No ☒ Yes
Maximum depth: ABOUT 6' TO 8' Percentage of Total Work: 3%

20. Is scaffolding owned, rented, or erected? ☒ No ☐ Yes
Are other contractors at job site allowed to use it? ☒ No ☐ Yes

21. Have you worked or will you or your employees work under USL&H or Jones Act? ☒ No ☐ Yes

22. Do you have a formal safety program in operation? ☐ No ☒ Yes
Please explain and/or provide a copy: _____

23. Indicate the type of security used on a project: ☒ Fencing ☒ Lighting ☒ Watchman

SUBCONTRACTOR INFORMATION/RISK TRANSFER

24. Do you utilize A.I.A. standard contracts for all of your subcontractors? ☐ No ☒ Yes

25. Are all subcontractors required to sign a hold harmless and indemnification agreement in your favor? If "No," please explain: ☐ No ☒ Yes

26. Are Certificates of Insurance obtained from subcontractors? ☐ No ☒ Yes
General Liability: ☐ No ☒ Yes
Minimum Limits Required: ☐ No ☒ Same as Client's
Workers Compensation: ☐ No ☒ Yes

27. Are you named as an additional insured on all subcontractors' policies? ☐ No ☒ Yes

28. Do you ever use uninsured subcontractors? ☐ No ☒ Yes

29. Do you normally use the same subcontractors? ☐ No ☒ Yes

OTHER OPERATIONS

30. Do you draw any plans or blueprints used in your construction work? ☒ No ☐ Yes
If "Yes," has Professional Liability Coverage been obtained? ☐ No ☐ Yes
Limit of Liability: \$ _____

31. Do you own any vacant land (raw land with no developmental or improvement activity, held only for investment of possible development more than 12 months in the future. No buildings on the property)? ☒ No ☐ Yes

32. Do you own any real estate development property (land with improvements – streets, roads, or utilities, etc completed under construction)? ☒ No ☐ Yes

33. If "Yes," to either questions 31 or 32, is property zoned: ☐ Residential ☐ Commercial/Retail/Industrial/Other
of acres vacant land: _____ # of acres Real Estate Dev Prop: _____

34. Any other operations other than 'contracting'?

☒ No ☐ Yes

If "Yes," please describe: _____

35. Where Insured? _____

LOSS EXPERIENCE☒ Check here if not applicable

36. Loss Summary (Please Attach Hard Copy Loss Runs)

Year	Carrier	Premium	#Claims	Incurred	Comments

37. During the past three years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you? If "Yes," please explain: ☒ No ☐ Yes38. Have you ever been involved in or are you aware of any pending litigation concerning construction defect? If "Yes," please explain: ☒ No ☐ Yes

* Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* not applicable in all states

Applicant Signature _____

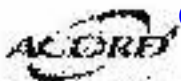
Date

05/24/2017

Producer

SUDHAKAR KALAGA

Date _____



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

 DATE MM/DD/YYYY
 05/09/2017

AGENCY USI Southwest 9811 Katy Freeway, Suite 500 Houston, TX 77024 Contact: Andy Smithson Tel: (713) 496-4740 Fax: (713) 537-9248 Email: Andy.Smithson@usi.com License: 761200	CARRIER Marketing Application Only COMPANY POLICY OR PROGRAM NAME POLICY NUMBER APP103GL000474103 UNDERWRITER UNDERWRITER OFFICE STATUS OF TRANSACTION <input checked="" type="checkbox"/> CLOSING <input type="checkbox"/> CANCEL <input type="checkbox"/> RENEW <input type="checkbox"/> AMEND <input type="checkbox"/> OTHER	RENEWAL DATE 1999 PROGRAM CODE
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INDICATE SECTIONS ATTACHED	PREMIUM	INDICATE SECTIONS ATTACHED	PREMIUM	INDICATE SECTIONS ATTACHED	PREMIUM
ACCOUNTS RECEIVABLE	\$	LIABILITY - OTHER	\$	LIABILITY - OTHER	\$
ADDITIONAL COVERAGE	\$	LIABILITY - OTHER	\$	LIABILITY - OTHER	\$
PLESS AUTO	\$	LIABILITY - OTHER	\$	LIABILITY - OTHER	\$
LIABILITY - OTHER	\$	LIABILITY - OTHER	\$	LIABILITY - OTHER	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	LIABILITY - OTHER	\$	LIABILITY - OTHER	\$
COMMERCIAL AUTOMOBILE	\$	LIABILITY - OTHER	\$	LIABILITY - OTHER	\$
LIABILITY - OTHER	\$	LIABILITY - OTHER	\$	LIABILITY - OTHER	\$

ATTACHMENTS	PREMIUM	ATTACHMENTS	PREMIUM
ADDITIONAL COVERAGE	\$	ADDITIONAL COVERAGE	\$
ADDITIONAL COVERAGE	\$	ADDITIONAL COVERAGE	\$
ADDITIONAL COVERAGE	\$	ADDITIONAL COVERAGE	\$
ADDITIONAL COVERAGE	\$	ADDITIONAL COVERAGE	\$
ADDITIONAL COVERAGE	\$	ADDITIONAL COVERAGE	\$
ADDITIONAL COVERAGE	\$	ADDITIONAL COVERAGE	\$
ADDITIONAL COVERAGE	\$	ADDITIONAL COVERAGE	\$
ADDITIONAL COVERAGE	\$	ADDITIONAL COVERAGE	\$

PROPOSED START DATE	PROPOSED EXPIRATION DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AMOUNT	DEPOSIT	INITIAL PREMIUM	POLICY PREMIUM
06/27/2017	06/27/2018	SPOT	AGENCY					

NAME (Print Name) insured AND MAILING ADDRESS (including ZIP+4) RIT Construction Services, Inc. 2000 W. Sam Houston Parkway S 77042 Houston, TX 77042		GLOBE SC NAME FEIN OR SOC SEC # 90-0717124
BUSINESS PHONE # (713) 783-8700 WEBSITE ADDRESS www.kitprofs.com		

<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> OTHER	NAME (Print Name) insured AND MAILING ADDRESS (including ZIP+4) GLOBE SC NAME FEIN OR SOC SEC #
BUSINESS PHONE # WEBSITE ADDRESS	

<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> OTHER	NAME (Print Name) insured AND MAILING ADDRESS (including ZIP+4) GLOBE SC NAME FEIN OR SOC SEC #
BUSINESS PHONE # WEBSITE ADDRESS	

<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> OTHER	NAME (Print Name) insured AND MAILING ADDRESS (including ZIP+4) GLOBE SC NAME FEIN OR SOC SEC #
BUSINESS PHONE # WEBSITE ADDRESS	

CONTACT INFORMATION				CONTACT TYPE: Accounting Records			
CONTACT TYPE: Inspection				CONTACT TYPE: Accounting Records			
CONTACT NAME: Suchakar Kalaga				CONTACT NAME: Same			
PRIMARY PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL <input type="checkbox"/> PHONE 1				PRIMARY PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL <input type="checkbox"/> PHONE 1			
(713) 783-8700 x222							
PRIMARY E-MAIL ADDRESS:				PRIMARY E-MAIL ADDRESS:			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			
PREMISES INFORMATION (Attach ACORD 883 for Additional Premises)							
LOC #	STREET	CITY	LIMITS	INTEREST	# FULL TIME ENPL	ANNUAL REVENUES: \$	
1	2002 N. San Houston Parkway Bldg 1400		INSIDE	OWNER	2	OCCUPIED AREA: 80 FT	
BLD #	CITY: Houston	STATE: TX	OUTSIDE	TENANT	# PART TIME ENPL	OPEN TO PUBLIC AREA: 80 FT	
1	COUNTY: Harris	ZIP: 77042	X		2	TOTAL BUILDING AREA: 80 FT	
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y/N	
LOC #	STREET	CITY	LIMITS	INTEREST	# FULL TIME ENPL	ANNUAL REVENUES: \$	
			INSIDE	OWNER		OCCUPIED AREA: 80 FT	
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME ENPL	OPEN TO PUBLIC AREA: 80 FT	
	COUNTY:	ZIP:				TOTAL BUILDING AREA: 80 FT	
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y/N	
LOC #	STREET	CITY	LIMITS	INTEREST	# FULL TIME ENPL	ANNUAL REVENUES: \$	
			INSIDE	OWNER		OCCUPIED AREA: 80 FT	
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME ENPL	OPEN TO PUBLIC AREA: 80 FT	
	COUNTY:	ZIP:				TOTAL BUILDING AREA: 80 FT	
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y/N	
NATURE OF BUSINESS							
MANUFACTURING		CONTRACTOR		MANUFACTURING		SERVICE	
GOVERNMENT		INSTITUTIONAL		RETAIL		OTHER	
DATE BUSINESS STARTED: MM/DD/YYYY							
DESCRIPTION OF PRIMARY OPERATIONS							
<p>Small commercial building containing a shop, auto & warehouse, used for storage of various materials, equipment, and building materials. Construction activities related to various plants & warehouse improvements and repairs including parking lot, recreation ponds, waste water treatment plants, potable & fire water storage tanks, pump house, fire sprinkler & alarm systems, structural support repairs to tilt wall buildings, new metal building, HVE part and miscellaneous emergency repairs.</p>							
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:				INSTALLATION, SERVICE OR REPAIR WORK		OFFER PERMITS INSTALLATION, SERVICE OR REPAIR WORK	
				4		6	
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS							
ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests							
INTEREST		NAME AND ADDRESS		EVIDENCE:		INTEREST ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BROADBAND WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK <input type="checkbox"/> OTHER <input type="checkbox"/> LIENHOLDER		<input type="checkbox"/> LOSS RAYE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE		<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> BOND		<input type="checkbox"/> LOCATION <input type="checkbox"/> VEHICLE <input type="checkbox"/> AIRPORT <input type="checkbox"/> ITEM CLASS <input type="checkbox"/> ITEM DESCRIPTION	
REFERENCE/LOAN #		LIEN AMOUNT:		INTEREST END DATE:		PHONE (A/C, No, Ext)	
						FAX (A/C, No)	
REASON FOR INTEREST:				E-MAIL ADDRESS:			
ACORD 125 (2011/09)							
ING125 (2011/09)							

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GENERAL INFORMATION				YIN
EXPLAIN ALL "YES" RESPONSES				
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?		RELATIONSHIP DESCRIPTION		OWNED
PARENT COMPANY NAME				
2. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		RELATIONSHIP DESCRIPTION		OWNED
SUBSIDIARY COMPANY NAME				
3. IS A FORMAL SAFETY PROGRAM IN OPERATION?				
<input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> SAFETY PROGRAM <input type="checkbox"/> OTHER				
4. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CORROSIVES?				
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				
INSURANCE		POLICY NUMBER		LINE OF BUSINESS
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PREVIOUS YEAR FOR ANY PREMISES OR OPERATIONS? (If so, explain - Do not answer this question)				
<input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> ASH (NO) LOSS REPRESENTS CARRIER <input type="checkbox"/> NON-CANCELLATION <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe)				
7. ANY PAST ISSUES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENCE?				
8. DURING THE LAST FIVE YEARS, (IF APPLICABLE) HAS ANY APPLICANT BEEN CONVICTED OR ADJUDICATED FOR ANY CRIME OF FRAUD, ORDERLY PERSON OR ANY OTHER CRIMINAL ACT IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (If RL Unit coverage must be answered by any applicant for property insurance. Failure to address the existence of an arrest conviction or a misdemeanor punishable by a sentence of up to one year of imprisonment.)				
9. ANY UNCORRECTED HRF AND/OR SAFETY OSHA VIOLATIONS?				
OCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
10. HAS APPLICANT HAD A FIRM, LOSSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				
OCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
11. HAS APPLICANT HAD A JUDGMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
OCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
12. HAS BUSINESS BEEN PLACED IN A TRUST?				
NAME OF TRUST				
13. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES?				
IF YES, attach ACORD 5-C for foreign operations and/or ACORD 5-B for foreign products.				
14. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				
REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Subdocument may be attached if more space is required)				

ACORD 125 (2011-09)

INS125 (2011-09)

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FILED 01/03/20/20 IN 1A51

[illegible]

copy of the NOTICE OF INFORMATION PRACTICES (2016/001) HAS BEEN GIVEN TO THE APPLICANT. (not applicable in all states, consult your agent or broker for your state's requirements.)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITTS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable to CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; In LA, ME, TN and VA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THEREOF, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

PRODUCER'S SIGNATURE <i>Bethany Loving</i>	PRODUCER'S NAME (Please Print) Bethany Loving	STATE PRODUCER LICENSE NO. (Required in Florida)
APPLICANT'S SIGNATURE <i>Amelie</i>	DATE 05/20/12	NATIONAL PROD. CTR. NUMBER

COMMENTS/REMARKS

*****General Information Remarks Continued*****

*** Business Information ***

Controlling State: TX
SIC Code: 150000

*****Prior Carrier Information Continued*****

Line of Business: CGL
Carrier: Colony Insurance Company
Policy: GL900742
Effective Date: 6/27/2013 Expiration Date: 6/27/2014

Line of Business: CGL
Carrier: Colony Insurance Company
Policy: GL900742
Effective Date: 6/27/2012 Expiration Date: 6/27/2013

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CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For past or present operations)

1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?

Y/N

2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?

3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?

4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?

5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?

6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?

DESCRIBE THE TYPE OF WORK SUBCONTRACTED

PAID TO SUB-
CONTRACTORS:% OF WORK
SUBCONTRACTED:# FULL-
TIME STAFF:# PART-
TIME STAFF:**PRODUCTS/COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.

1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?

Y/N

2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)

3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?

4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?

5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?

6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?

7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?

8. PRODUCTS UNDER LABEL OF OTHERS?

9. VENDORS COVERAGE REQUIRED?

10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?

ACORD 126 (2/07/05)
INS126 (200705)

ATTACH TO ACORD 125

CVSHA

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INTEREST	RANK	NAME AND ADDRESS	REFERENCE	CERTIFICATE REQUIRED	INFORMAL REVIEW NUMBER
ADDITIONAL INSURED					
LOAN PAYEE					
MORTGAGEE					
LICENSEE					
EMPLOYEE AS LESSOR					
ITEM DESCRIPTION:					
GENERAL INFORMATION					
EXPLAIN ALL "YES" RESPONSES (for all questions except operations):					
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?					
2. ANY EXPOSURE TO RADIOACTIVE MATERIALS?					
3. DO YOU HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVING STORAGE, TREATING, DISCHARGING, APPLYING, DISPOSING OR TRANSPORTING OF HAZARDOUS MATERIALS (e.g., and/or, wastes, fuel tanks, etc.)?					
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN THE PAST FIVE (5) YEARS?					
5. MACHINERY OR EQUIPMENT TOAMOUNT OF MORE THAN \$10,000?					
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?					
7. ANY PARKING FACILITIES OWNED/RENTED?					
8. IS A FEE CHARGED FOR PARKING?					
9. RECREATION FACILITIES PROVIDED?					
10. IS THERE A SWIMMING POOL ON THE PREMISES?					
11. SPORTING OR SOCIAL EVENTS SPONSORED?					
12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?					
13. ANY ENVIRONMENTAL EXPOSURE CONTAMINATION?					
14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?					
15. DO YOU HAVE EMPLOYEES TO OR FROM OTHER EMPLOYERS?					
16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?					

GENERAL INFORMATION (Continued)

EXPLANATION OF RESPONSES (For all public premises operations)

17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?

18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST 12 MONTHS?

19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?

20. DOES THE BUSINESS' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?

REMARKS

***** ADDITIONAL HAZARD INFORMATION *****

Hazard # 2

Premium Basis: Cost of Work Done On Contracts

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (IN SUBSTANTIAL) CIVIL PENALTIES. Not applicable in CO, FL, IL, MA, ME, OH, OK, OR, VT. In DC, LA, ME, N, VA and WA a similar limitation may also apply (6).

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

COMMENTS/REMARKS

*****Additional Coverages*****

Coverage: Blanket Waiver of Subrogation as required by written contract.

Coverage: Additional Insured Primary & Non-Contributory as required by written contract.

Coverage: 30-day NOC: Teahale International Corporation; 3131 W Little York Rd. Houston TX 77041

Coverage: 30-day NOC: Blanket where required by written contract.

Coverage: Designated Operations Exclusion-work performed by KIT Professionals, Inc.

Coverage: Commercial General Liability

ACORD TEXAS COMMERCIAL AUTO
COVERAGES/LIMITS SECTION

COVERAGES/LIMITS SECTION

05/09/2017

AGENCY DTST Southwest

A*PUGAKI Ltd. and Homed Internal KIT Construction Services

BUSINESS AUTO SECTION

[illegible]

TRUCKER'S INSTRUCTION

COVERAGES		COVERED AUTO SYMBOLS		UNITS		PHYSICAL DAMAGE			
PROPERTY	1	1	1	1	1	1	1	1	1
PERSONAL INJURY PROTECTION	2	2	2	2	2	2	2	2	2
MEDICAL PAYMENTS	3	3	3	3	3	3	3	3	3
UNINSURED UNEMPLOYED MOTORIST	4	4	4	4	4	4	4	4	4
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE	1	1	1	1	1	1	1	1	1
COLLISION	2	2	2	2	2	2	2	2	2
						TRAILER INTERCHANGE			
COVERAGES		SYMBOLS		1		2		3	
COMPREHENSIVE									

(04) TRAILER WITH AIRBRAKES (05) NO AUTO (06) OWNED & TOX ONLY (07) OWNED, COMBINED - AUTO ONLY	(08) NO MOTOR VEHICLES SUBJECT TO REGISTRATION (09) OWNED & TOX ONLY (10) COMPULSORY UNINSURED MOTORISTS ONLY	(11) SPECIAL TRAILER VEHICLES (12) TRAILER ONLY (13) TRAILERS IN MOTOR VEHICLE REGISTRATION UNDER A MOTORIST'S LICENSE AS DRIVER	(14) TRAILERS IN THE 1985-85 TRAILER (15) TRAILERS IN THE 1985-85 TRAILER (16) TRAILERS IN THE 1985-85 TRAILER (17) TRAILERS IN THE 1985-85 TRAILER
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TABLE 5

CVS1-A 2001-1-27-3..

CONFIDENTIAL
CONFIDENTIAL

KALAGA_GJ_00042820
KIT CIVIL 00039713

MOTOR CARRIER SECTION

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE						
COVERAGES	COVERED AUTO SYMBOLS	CSL	BI	PD	PER	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	61 62 63 64	CSL	BI	PD	PER	COMPREHENSIVE	62 63 64		\$			
PERSONAL INJURY PROTECTION	65 66	EACH PERSON AUTO DEATH BENEFIT \$			\$ TOTAL BENEFIT	SPECIFIED CAUSES OF LOSS	62 63 64	CSL	BI	PD	\$	
						COLLISION	62 63 64		\$			
MEDICAL PAYMENTS	65 66	EACH PERSON			\$	TOWNS & LABOR	62 63 64	\$				
UNINSURED/UNDERINSURED MOTORIST	61 62 63 64	CSL	BI	PD	PER	TRAILER INTERCHANGE						
						COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
						COMPREHENSIVE	62 63 64					
						SPECIFIED CAUSES OF LOSS	62 63 64					
NON-TRUCKERS HIRED/OWNED	YES STATES NO	COST OF HIRE			IF ANY BASIS	COLLISION	62 63 64					\$
HIRED/OWNED LIABILITY	YES STATES NO	COST OF HIRE			IF ANY BASIS	STATES # DAYS # VEH COVERAGE IS PRIMARY SECONDARY						
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE			NUMBER OF	HIRED PHYSICAL DAMAGE COVERAGE IS PRIMARY SECONDARY						
OTHER		EMPLOYEES										
		VOLUNTEERS										
		PARTNERS										
COVERED AUTO SYMBOLS (61) ANY AUTO (62) OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY (64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO FAULT (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY												

ENDORSEMENTS

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE, AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND FINANCIAL INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERE TO, COMMITTS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED/UNDERINSURED MOTORISTS (UM/UIM), BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM/UIM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM/UIM BI AND/OR UM/UIM PD COVERAGES ENTIRELY.


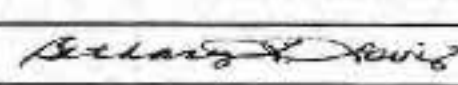
1. I SELECT UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. _____ (INITIALS)

2. I SELECT UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY AND PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

3. I REJECT ONLY UNINSURED/UNDERINSURED MOTORISTS PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

I UNDERSTAND AND ACKNOWLEDGE THAT PERSONAL INJURY PROTECTION COVERAGE HAS BEEN EXPLAINED TO ME AND I HAVE BEEN OFFERED THIS COVERAGE. IF I HAVE REJECTED THIS COVERAGE, MY INITIALS ARE INCLUDED HERE. _____ (INITIALS)

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE		DATE	03/24/12	PRODUCER'S SIGNATURE	
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ACORD 137 TX (2007/02)

INS137TX (02/20/03)

COMMENTS/REMARKS

*****Additional Coverages*****

***** POLICY LEVEL COVERAGES *****

Combined Single Limit

Additional Insured: Blanket - When required by written contract

Waiver of Subrogation: Blanket - When required by written contract

Primary and Non-Contributory: Blanket - When required by written contract

30-day ROC: Blanket When required by written contract

*****Hired/Borrowed Coverages*****

State: TX Class Code: 99999

Cost of Hire: If Any

Hired/Borrowed Minimum: Y

*****Non Owned Coverages*****

State: TX Class Code: 99999

of 28
DATE (MM/DD/YYYY)
05/09/2017

KALAGA_GJ_02042823
KIT_CIVIL_00039716

STATE RATING WORKSHEET

FOR MULTIPLE STATES, ATTACH AN ADDITIONAL PAGE 2 OF THIS FORM

RATING INFORMATION - STATE: TX

LOC#	CLASS CODE	DESER CODE	CATEGORIES, ALTS, CLASSIFICATIONS	EMPLOYEES L11 L12	PAY P1 P2	BIC	MAJOR	ESTIMATED ANNUAL REMUNERATION/ PAYROLL	RATE	ESTIMATED ANNUAL/ANNUAL PREMIUM
1	5042		Landscape Gardening					If Any		
1	6219		Cleaning of Utility Lane Right of Way					7800		
1	5200		Parking Areas and Driveways Construction					If Any		
1	9014		Cleaner - Debris Removal					If Any		
1	8819		Industrial Cleaners Not Various Chemical Or Outside Telephones Deline Only					7800		

PREMIUM

STATE TX	FACTOR	FACTORED PREMIUM	FACTOR	FACTORED PREMIUM
100%	1	100	1	
INCREASED RPTS	2		SCHEDULE RATING	3
CLASS III	3		CLASS	4
EXPERIENCE IN RPT	2		STANDARD PREMIUM	3
APPLICATION	3		PREMIUM DISCOUNT	4
	2		EXPERIENCE RATING	N/A
ASSIGNED RISK RATING	2		EXPERIENCE RATING	N/A
ARAT	2			3
TOTAL ESTIMATED ANNUAL PREMIUM		MINIMUM PREMIUM		DEPOSIT PREMIUM
\$		\$		

REMARKS

PRIOR CARRIER INFORMATION LOSS HISTORY

AGENCY CUSTOMER ID: TEL 598

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS					LOSSES RUN ATTACHED	
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	LOSS	CLAIMS	AMOUNT PAID	RESERVE
00						
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT, CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS: MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES, SERVICE - TYPE, LOCATION, FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.

Construction of parking lots, metal warehouse building and concrete control plant building

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

1. DOES ANYONE OPERATE OR OPERATED IN ANY BUSINESS?

YES-NO

YES-NO

2. DO YOU USE, RECENT OR DISCONTINUED, FLAMMABLE LIQUIDS OR FLAMMABLE SOLIDS, FLAMMABLE GASES, FLAMMABLE LIQUIDS, FLAMMABLE SOLIDS, OR TRANSPORTATION?

3. ANY WORK PERFORMED UNDERGROUND OR ABOVE GROUND?

4. ANY WORK PERFORMED ON HIGHWAYS, BRIDGES, TUNNELS, OR AIRWAYS?

5. IS ANY EQUIPMENT USED IN ANY OF THE TYPE OF BUSINESS?

6. ARE YOU OR HAS ONE OF YOUR EMPLOYEES EVER BEEN INJURED OR KILLED?

7. ANY WORK DONE WITH EXCEPTED CLASSES OF INSURANCE? (IF YES, explain with work order to be used in the Self-Reporting Worksheet on Page 2)

8. IS ANY OTHER PERSONNEL INFORMATION?

9. ANY GROUP TRANSPORTATION PROVIDED?

10. ANY EMPLOYEE UNDER 18 OR OVER 65 YEARS OLD?

11. ANY OTHER INFORMATION?

12. ARE THERE ANY VOLUNTEER OR DONATED LABOR? (IF YES, explain)

ACORD 130 (2007,11)

INS120 (2007,11)

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CVSHA

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KIT_CIVIL_00039718



GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	YES	NO
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	<input type="checkbox"/>	<input type="checkbox"/>
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	<input type="checkbox"/>	<input type="checkbox"/>
15. ARE ATHLETIC TEAMS SPONSORED?	<input type="checkbox"/>	<input type="checkbox"/>
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	<input type="checkbox"/>	<input type="checkbox"/>
17. ANY OTHER INSURANCE WITH THIS INSURER?	<input type="checkbox"/>	<input type="checkbox"/>
18. ANY POLICY COVERAGE DECLINED/ CANCELLED/ NON-RENEWED IN THE LAST THREE (3) YEARS? (Not applicable in MO)	<input type="checkbox"/>	<input type="checkbox"/>
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	<input type="checkbox"/>	<input type="checkbox"/>
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	<input type="checkbox"/>	<input type="checkbox"/>
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	<input type="checkbox"/>	<input type="checkbox"/>
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees: _____	<input type="checkbox"/>	<input type="checkbox"/>
23. ANY TAX LITIG OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	<input type="checkbox"/>	<input type="checkbox"/>
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S)	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS (Attach additional sheets if more space is required)

APPLICABLE IN TENNESSEE AND VERMONT: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, TN or VT; in DC, LA, ME, VA and WA, insurance benefits may also be denied)

APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
	05/24/12		

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INS130 (01/11/08)

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COMMENTS/REMARKS

*****ADDITIONAL INFORMATION*****

*****ADDITIONAL COVERAGES*****

*** Policy Level ***

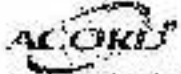
Coverage: WCEL Description: Workers Comp & Employer's Liab
 Workers' Compensation Statutory Limits Apply

Coverage: STATU Description: Statutory Limits
 Workers' Compensation Statutory Limits Apply

Coverage: BWAIV Description: Blanket Waiver of Subrogation
 Workers' Compensation Statutory Limits Apply

*****SUPPLEMENTAL NAMES*****

Supplementary Name: KIT Construction Services, Inc.
 Legal Entity: C Corporation



UMBRELLA / EXCESS SECTION

 DATE (MM/DD/YYYY)
 05/09/2017

IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.

AGENCY USI Southwest		CARRIER Marketing Application	NAIC CODE
POLICY NUMBER APPS170810	EFFECTIVE DATE 06/27/2017	NAMED INSURED KIT Construction Services, Inc.	

POLICY INFORMATION		LIMIT OF LIABILITY		RETAINED LIMIT
<input checked="" type="checkbox"/> RENEWAL <input checked="" type="checkbox"/> EXCESS EXPIRING POL: APPS170810	TRANSACTION TYPE <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE RETROACTIVE DATE <input type="checkbox"/>	5,000,000 1,000,000 5,000,000	10,000 10,000 10,000	<input checked="" type="checkbox"/> FIRST DOLLAR DEFENSE (Y/N)

EMPLOYEE BENEFITS LIABILITY			
LIMIT OF INSURANCE (Es Employee)	AGGREGATE LIMIT FOR EBL	RETAINED LIMIT FOR EBL	RETROACTIVE DATE FOR EBL
\$	\$	\$	
NAME OF BENEFIT PROGRAM			

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)			
NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES (EMPH)
NAME: LOCATION: DESCRIPTION:			
NAME: LOCATION: DESCRIPTION:			
NAME: LOCATION: DESCRIPTION:			
NAME: LOCATION: DESCRIPTION:			
NAME: LOCATION: DESCRIPTION:			
NAME: LOCATION: DESCRIPTION:			
NAME: LOCATION: DESCRIPTION:			

UNDERLYING INSURANCE						
TYPE	CARRIER, POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM	NOTING MOD
AUTOMOBILE LIABILITY	TBA Hired/Non-Owned	06/27/2017	06/27/2018	BIELLA PCU	\$ 1,000,000	\$
				BI-ACC	\$	\$
				BI-PCU	\$	\$
				BI-ACC	\$	\$
GENERAL LIABILITY	CBA	06/27/2017	06/27/2018	BI-ACC	\$ 1,000,000	\$
				GENERAL AGGR	\$ 2,000,000	\$
				BI-ACC	\$ 2,000,000	\$
				BI-ACC	\$ 2,000,000	\$
EMPLOYERS LIABILITY	CBA	06/27/2017	06/27/2018	BI-ACC	\$ 100,000	\$
				BI-ACC	\$ 100,000	\$
				BI-ACC	\$ 100,000	\$
				BI-ACC	\$ 100,000	\$

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 Attach to ACORD 125 and ACORD 126
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7-1 Filed on 03/26/20 in

Case 4:19-cv-04
UNDERLYING INSURANCE (continued)

UNDEPLYING GENERAL LIABILITY INFORMATION [Field No. 1 "YES" 10/10/2005]

- THESE COURSES MEET FOR 400-500 HOURS OF INSTRUCTION. THE COURSES ARE DESIGNED TO PROVIDE THE STUDENT WITH THE KNOWLEDGE AND SKILLS NEEDED TO BE SUCCESSFUL IN THE FIELD OF STUDY. THE COURSES ARE DESIGNED TO PROVIDE THE STUDENT WITH THE KNOWLEDGE AND SKILLS NEEDED TO BE SUCCESSFUL IN THE FIELD OF STUDY. THE COURSES ARE DESIGNED TO PROVIDE THE STUDENT WITH THE KNOWLEDGE AND SKILLS NEEDED TO BE SUCCESSFUL IN THE FIELD OF STUDY.

UNIVERSITY HEALTH-PAUL DOW, 666, IN 66411 PH: 316-734-4100. RESTRICTIONS: eg. LAYER FMT, RSEVMTS, D, SPARKMATH, S, IF, DXP, DYN, VMTS, OR FMT48/063 OF
C/C++ COMP. Also: FORTRAN 77, and other Binary Formats. 24-hour support available.

[illegible]

NO SUCH CLAUSE

CARE, CUSTODY, CONTROL

LOG	PROPERTY TYPE	VALUE	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS	BT	BU	BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CI	CJ	CK	CL	CM	CN	CO	CP	CQ	CR	CS	CT	CU	CV	CW	CX	CY	CZ	DA	DB	DC	DD	DE	DF	DG	DH	DI	DJ	DK	DL	DM	DN	DO	DP	DQ	DR	DS	DT	DU	DV	DW	DX	DY	DZ	EA	EB	EC	ED	EE	EF	EG	EH	EI	EJ	EK	EL	EM	EN	EO	EP	EQ	ER	ES	ET	EU	EV	EW	EX	EY	EZ	FA	FB	FC	FD	FE	FF	FG	FH	FI	FJ	FK	FL	FM	FN	FO	FP	FQ	FR	FS	FT	FU	FV	FW	FX	FY	FZ	GA	GB	GC	GD	GE	GF	GG	GH	GI	GJ	GK	GL	GM	GN	GO	GP	GQ	GR	GS	GT	GU	GV	GW	GX	GY	GZ	HA	HB	HC	HD	HE	HF	HG	HH	HI	HJ	HK	HL	HM	HN	HO	HP	HQ	HR	HS	HT	HU	HV	HW	HX	HY	HZ	IA	IB	IC	ID	IE	IF	IG	IH	II	IJ	IK	IL	IM	IN	IO	IP	IQ	IR	IS	IT	IU	IV	IW	IX	IY	IZ	JA	JB	JC	JD	JE	JF	JG	JH	JI	IJ	JK	KL	JM	JN	JO	JP	JQ	JR	JS	JT	JU	JV	JW	JX	JY	JZ	KA	KB	KC	KD	KE	KF	KG	KH	KI	KJ	KL	KM	KN	KO	KP	KQ	KR	KS	KT	KU	KV	KW	KX	KY	KZ	LA	LB	LC	LD	LE	LF	LG	LH	LI	LJ	LK	LL	LM	LN	LO	LP	LQ	LR	LS	LT	LU	LV	LW	LX	LY	LZ	MA	MB	MC	MD	ME	MF	MG	MH	MI	MJ	MK	ML	MM	MN	MO	MP	MQ	MR	MS	MT	MU	MV	MW	MX	MY	MZ	NA	NB	NC	ND	NE	NF	NG	NH	NI	NJ	NK	NL	NM	NN	NO	NP	NQ	NR	NS	NT	NU	NV	NW	NX	NY	NZ	OA	OB	OC	OD	OE	OF	OG	OH	OI	OJ	OK	OL	OM	ON	OO	OP	OQ	OR	OS	OT	OU	OV	OW	OX	OY	OZ	PA	PB	PC	PD	PE	PF	PG	PH	PI	PJ	PK	PL	PM	PN	PO	PP	PQ	PR	PS	PT	PU	PV	PW	PX	PY	PZ	QA	QB	QC	QD	QE	QF	QG	QH	QI	QJ	QK	QL	QM	QN	QO	QP	QQ	QR	QS	QT	QU	QV	QW	QX	QY	QZ	RA	RB	RC	RD	RE	RF	RG	RH	RI	RJ	RK	RL	RM	RN	RO	RP	RQ	RR	RS	RT	RU	RV	RW	RX	RY	RZ	SA	SB	SC	SD	SE	SF	SG	SH	SI	SJ	SK	SL	SM	SN	SO	SP	SQ	SR	SS	ST	SU	SV	SW	SX	SY	SZ	TA	TB	TC	TD	TE	TF	TG	TH	TI	TJ	TK	TL	TM	TN	TO	TP	TQ	TR	TS	TT	TU	TV	TW	TX	TY	TZ	UA	UB	UC	UD	UE	UF	UG	UH	UI	UJ	UK	UL	UM	UN	UO	UP	UQ	UR	US	UT	UU	UV	UW	UX	UY	UZ	VA	VB	VC	VD	VE	VF	VG	VH	VI	VJ	VK
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STRENGTHENING LOCAL GOVERNMENT FINANCIAL HEALTH

APPROXIMATELY 1965. (A) IS HEIR F. HARRIS F99 IN THE LEASE. (B) HAS A GRANT-TOO SUBJUGATION. (C) IS A NAME INSURED IN THE FIRE POLICY. (D) OTHER (Specify)

VEHICLES

TYPE	EQUIPED	NON-OWNED	RELEASED	PROPERTY HABLED	STATUS INTEREST		
					LOCAL	INTEREST	LONG
TRUCK C. (W/IN) HULL							
TRUCK	1. 1941						
	2. 1942						
	3. 1943						
	EX. HEAVY						
TRACTOR	1. 1941						
	EX. HEAVY						

ACORD 131 (2009/10)
IN 131 (2009/10)

13/5/13 2015 0817252

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KIT CIVIL 00039722

ADDITIONAL EXPOSURES		AGENCY CUSTOMER ID: 000000	YIN
EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED			
ALTERNATE LIABILITY			
1. ALTERNATE:			
ANNUAL LOSS:			
2. ARE YOU EMPLOYED BY AN ADVERTISING AGENCY? YES			
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?			
AIRCRAFT LIABILITY			
4. DOES APPLICANT OWN, LEASE, OR OPERATE AIRCRAFT?			
AUTO LIABILITY			
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?			
6. ARE PASSENGERS CARRIED FOR A FEE?			
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?			
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?			
9. A 2. THIRD AND NON OWNED COVERAGES PROVIDED?			
CONTRACTORS LIABILITY			
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?			
11. DESCRIBE TYPE OF WORK PERFORMED (Attach ADDENDUM 101, Additional Remarks Schedule, if more space is required)			
12. DESCRIBE AGREEMENT (Attach ADDENDUM 101, Additional Remarks Schedule, if more space is required)			
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?			
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?			
EMPLOYERS LIABILITY			
15. IS APPLICANT SELF INSURED IN ANY STATE?			
16. SUBJECT TO: JONES ACT, OTHER, OTHER			
INCIDENTS AND PRACTICE LIABILITY			
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?			
18. ARE COVERAGES PROVIDED FOR DOCTORS, NURSES?			
19. INDICATE # OF DOCTORS, NURSES, ULUS:			
ACORD 131 (2003/10)			
INS 131 (2003/10)			
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KIT_CIVIL_00039723

ADDITIONAL EXPOSURES (Continued)		AGENCY CUSTOMER ID: 062238	
EXPLAIN ALL YES RESPONSES, PROVIDE OTHER INFORMATION REQUIRED			
PRA 8:		POLLUTION LIABILITY	
20. DO CURRENT OR PAST PRODUCTS OR THEIR COMPONENTS CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?			
21. INDICATE THE COVERAGES CARRIED:			
<input type="checkbox"/> GL WITH STANDARD SO POLLUTION EXCLUSION		<input type="checkbox"/> GL WITH POLLUTION COVERAGE ENDORSEMENT	
<input type="checkbox"/> GL WITH STANDARD SUDON & ACCIDENTAL ONLY		<input type="checkbox"/> SEPARATE POLLUTION COVERAGE	
PRODUCT LIABILITY			
22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FLAMERS OR ANY OTHER PRODUCT USED? INSTALLED IN AIRCRAFT?			
23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR AS PRODUCTS SOLD + DISTRIBUTED IN FOREIGN COUNTRIES? (If YES, ADD ADDRESS)			
24. PRODUCT LIABILITY LOSS IN PAST 12 MONTHS (If YES, ADD ADDRESS)			
25. CHOOSE ONE: 1. NO DAMAGE TO LAST YEAR'S CARGO: \$			
26. DESCRIBE DAMAGE TO LAST YEAR'S CARGO (When ACORD 101 Additional Remarks is required)			
WATERCRAFT (Continued)			
27. DOES APPLICANT OWN OR LEASE WATERCRAFT?			
LOCA	POWER	LENGTH	NO. OF WATERS
LOCA	POWER	LENGTH	NO. OF WATERS
APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS			
LOCA	APARTMENTS	UNITS	SWIMMING POOLS
LOCA	APARTMENTS	UNITS	SWIMMING POOLS
REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)			

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KIT_CIVIL_00039724

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITTS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, ME, OH, OK, OR, VT or WA; in LA, ME, TN and VA, penalties herefor may also be found)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) AND/OR UNDERINSURED MOTORISTS (UIM) COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ _____ * UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _____ *

* IF APPLICABLE IN YOUR STATE.

APPLICABLE ONLY IN LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN

APPLICABLE ONLY IN LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. ☐ (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. ☐ (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. ☐ (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. ☐ (INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.



APPLICABLE ONLY IN WISCONSIN:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE AND UNDERINSURED MOTORIST (UIM) COVERAGE.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. ☐ (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. ☐ (INITIALS)

3. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION. ☐ (INITIALS) OR 4. I REJECT UIM COVERAGE IN ITS ENTIRETY. ☐ (INITIALS)

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO. (Required in Florida)
APPLICANT'S SIGNATURE 	DATE 03/24/12	NATIONAL PRODUCER NUMBER

ACORD 131 (2009/10)
INS131 (200910)

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